

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90239 008 ****50.00

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1. Entity Name
 ISLA ESMERALDA, L.L.C.

Principal Place of Business
 2199 PONCE DE LEON BLVD.
 #301
 MIAMI, FL 33134

Mailing Address
 2199 PONCE DE LEON BLVD.
 #301
 MIAMI, FL 33134

20024093



03092005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
 22-3851105

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART AGENT SERVICES
 2199 PONCE DE LEON BLVD.
 SUITE 301
 MIAMI, FL 33134

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM Delete
 NAME STINSON, LOUIS JR
 STREET ADDRESS 2199 PONCE DE LEON BLVD. #301
 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGR Delete
 NAME SKINNER, TRUMAN A
 STREET ADDRESS 2199 PONCE DE LEON BLVD. #301
 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR Change Addition
 NAME Jordan, Kathryn, D.
 STREET ADDRESS 2199 Ponce de Leon Blvd #301
 CITY-ST-ZIP Coral Gables, FL 33134

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Louis Stinson, Jr.

03/09/2005 305-444-8807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #